



CITY OF LAKEWOOD
DIVISION OF MUNICIPAL INCOME TAX
12805 Detroit Avenue
Lakewood, Ohio 44107
Telephone: (216) 529-6620 Fax: (216) 529-6099
Email address: taxdept@lakewoodoh.net



JOINT FILER ALLOCATION FORM

Name of Primary Filer	Social Security No.
Street Address (Include Apt/Suite No.)	
City, State & Zip Code	
Name of Secondary Filer	Social Security No.
Street Address (Include Apt/Suite No.)	
City, State & Zip Code	
<p>Total amount of Estimated Tax payments & Tax Year that payments are to be transferred from.</p> <p>*\$ _____ Tax Year _____</p>	

APPLICATION OF ALLOCATED FUNDS

Name	Social Security No.	Amount	Apply to Tax Year
Name	Social Security No.	Amount	Apply to Tax Year
Total \$ _____			

* must equal above total

Signature of Primary Filer

Date

Phone No

Signature of Secondary Filer

Date

Phone No

**FORM MUST BE COMPLETELY FILLED OUT, SIGNED, DATED AND NOTORIZED
BY BOTH PARTIES TO BE VALID**